Attorney Docket No.: 09086-00219-US

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Request for Continued Examination (RCE) Transmittal (1 page)
Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant (PTO/SB/08a/b) (2 References) (1 page)
Amendment (7 pages)
Fee Transmittal (1 page)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/523,775-Conf. #5722 Application Number FEE TRANSMITTAL March 17, 2005 Filing Date For FY 2006 Frank Alt First Named Inventor **Examiner Name** L. S. Choi 1713 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 09086-00219-US Attorney Docket No. TOTAL AMOUNT OF PAYMENT 50.00 METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Check Credit Card Connolly Bove Lodge & Hutz LLP X Deposit Account Deposit Account Number 03-2775 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES Small Entity Small Entity Small Entity** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) 150 500 250 200 100 300 Utility 100 50 130 65 200 100 Design 80 200 100 300 150 160 Plant 300 500 250 600 300 150 Reissue 200 100 0 0 0 0 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Fee Paid (\$) **Multiple Dependent Claims** Extra Claims Fee (\$) 100.00 Fee Paid (\$) 1 50.00 = Fee (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims x 3 - 3 = _____ HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets (round up to a whole number) x - 100 = /50 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 48,179 (302) 658-9141 Telephone Signature Helena C. Rychlick Date July 18, 2006

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